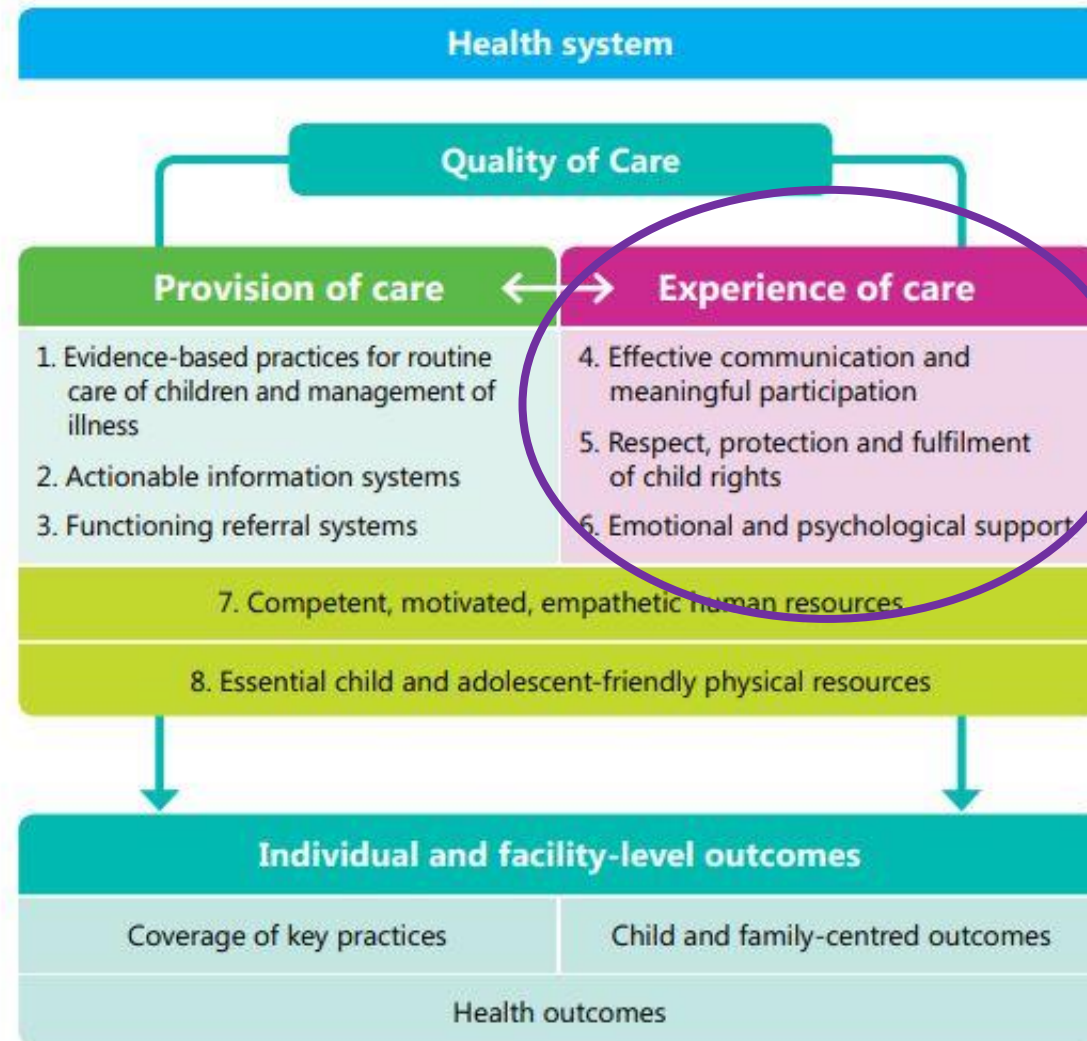


MNH Framework (World Health Organisation)



Study Goal

The goal of this study is to document and assess the dynamics of implementing interventions to shift behaviors of providers to improve facility-based experiences of and parents/caregivers in caring for their sick newborns, infants, and toddlers up to 24 months of age in hospital settings.

Study Objectives

1. To assess the feasibility, acceptability and effectiveness of a family integrated model to strengthen provider-parent communication and integrate positive engagement and nurturing care of young children in practice
2. To determine the effectiveness of a family integrated model on shifting provider norms, behaviors and outcomes related to motivation, efficiency and psychosocial support
3. To establish how parents or caregivers can be better informed and empowered in order to reduce parental stress and to improve newborn, infant and toddler health
4. To determine how provider communication, counselling and parental coaching improves provider-parent partnerships and parental engagement in caring for their sick newborn, infant or toddler
5. To describe the implementation of a family integrated model within the context of a COVID-19 pandemic.

21ST October 2020

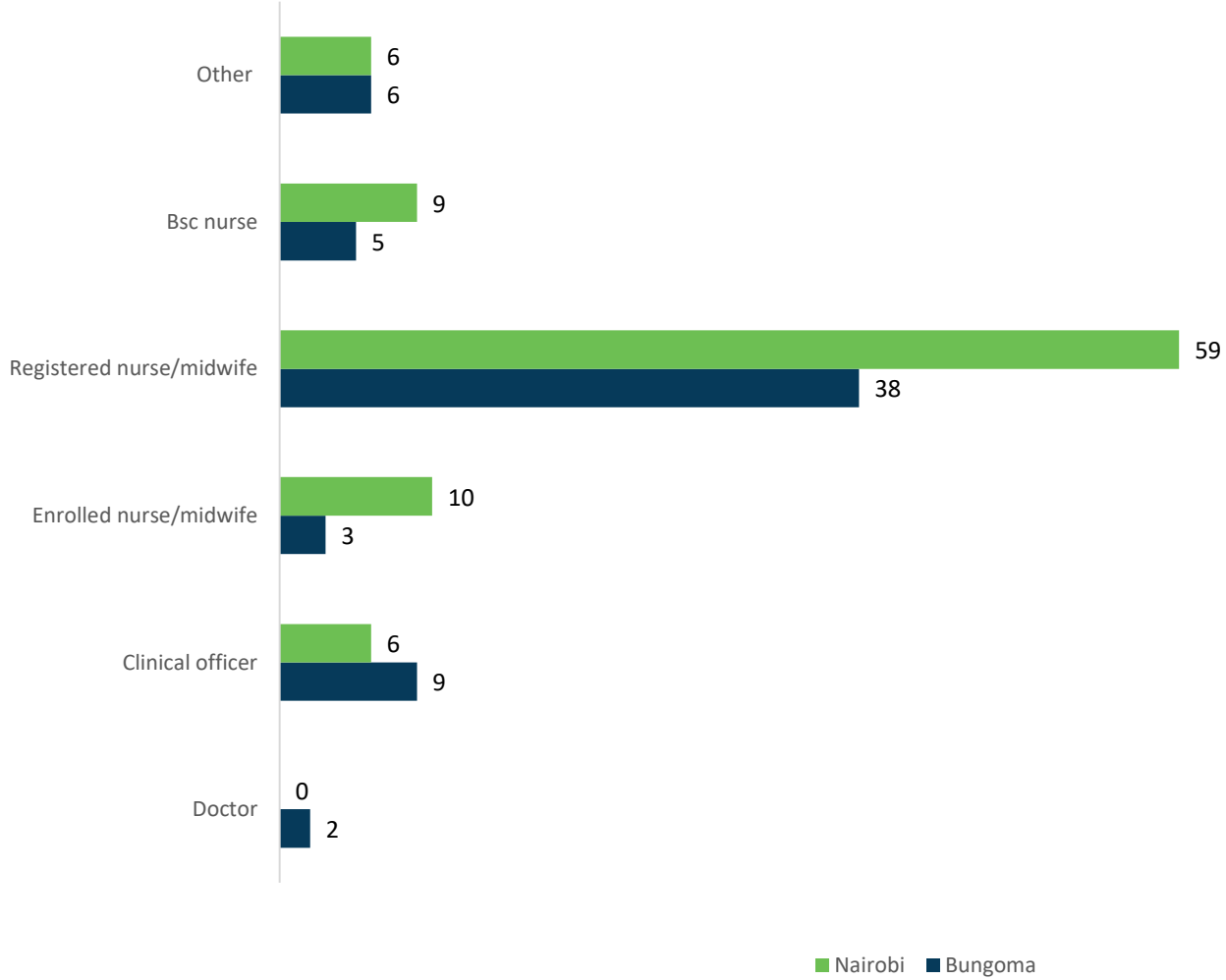
Baseline Findings Provider Assessment



Provider Characteristics by County

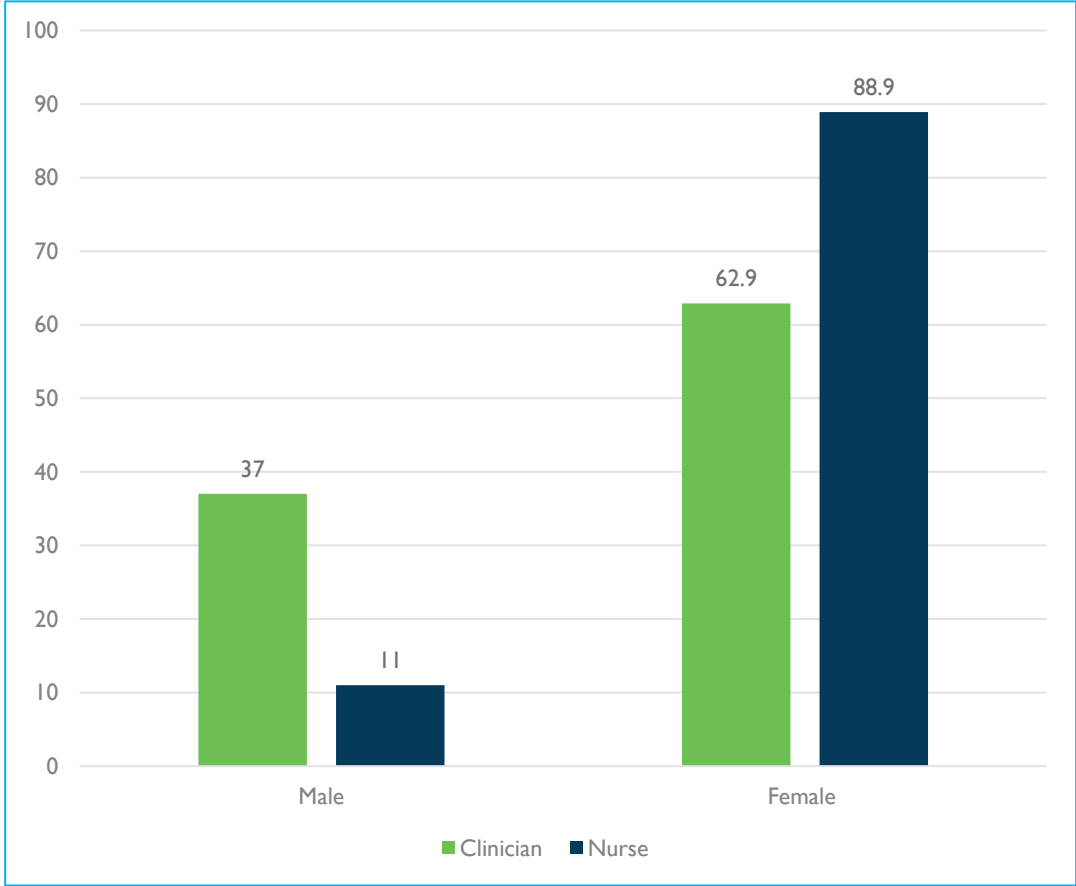
	Bungoma (n=63) %	Nairobi (n=91) %	Total (n=154) %	P-values
Gender				
Male	19.0	13.2	15.6	0.324
Female	81.0	86.8	84.4	
Age of provider				
Average age – mean (SD)	35.1 (9.3)	39.9 (10.2)	38 (10.1)	0.004
Average period working in the:				
Health sector (SD)	10.7 (9.0)	15.4 (9.8)	13.6 (9.7)	0.004
Facility (SD)	6 (5.1)	9.1 (8.0)	7.9 (7.2)	0.018
Unit/Departement– mean (SD)	4.6 (3.9)	4.5 (4.3)	4.5 (4.1)	0.918

Professional qualification per county

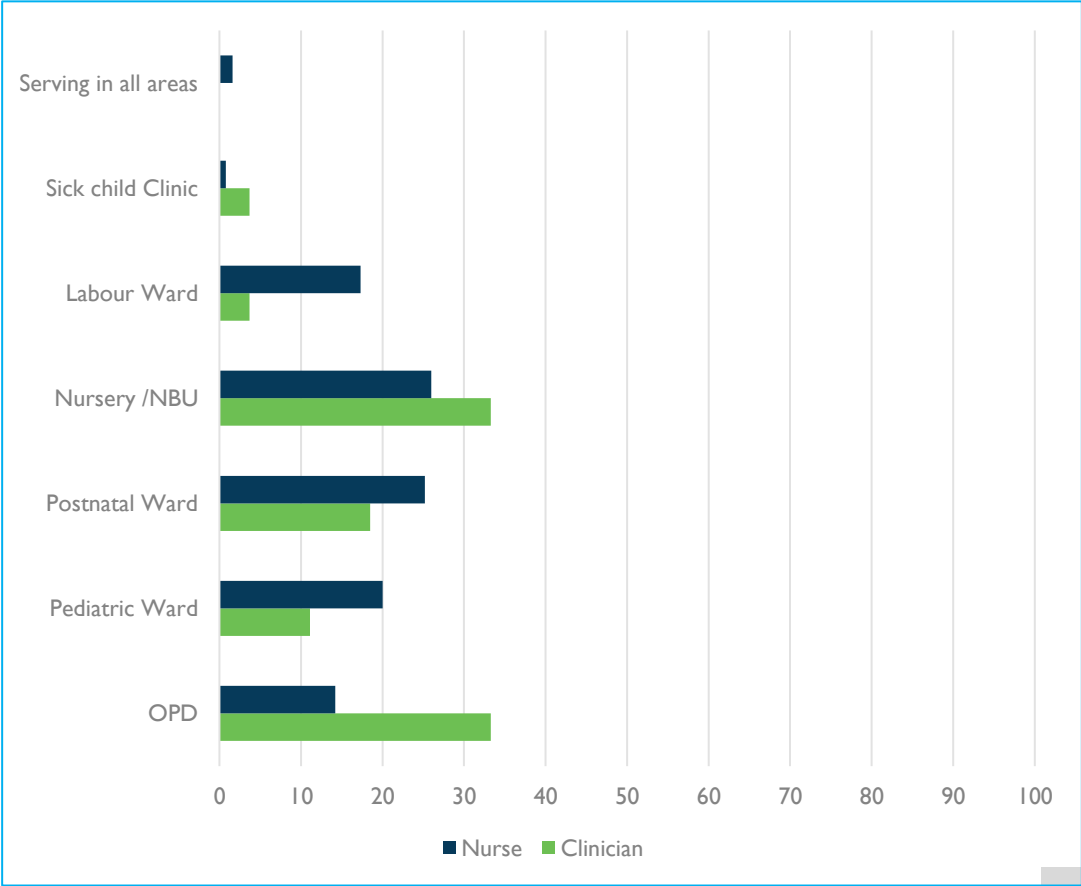


Characteristics- by provider type

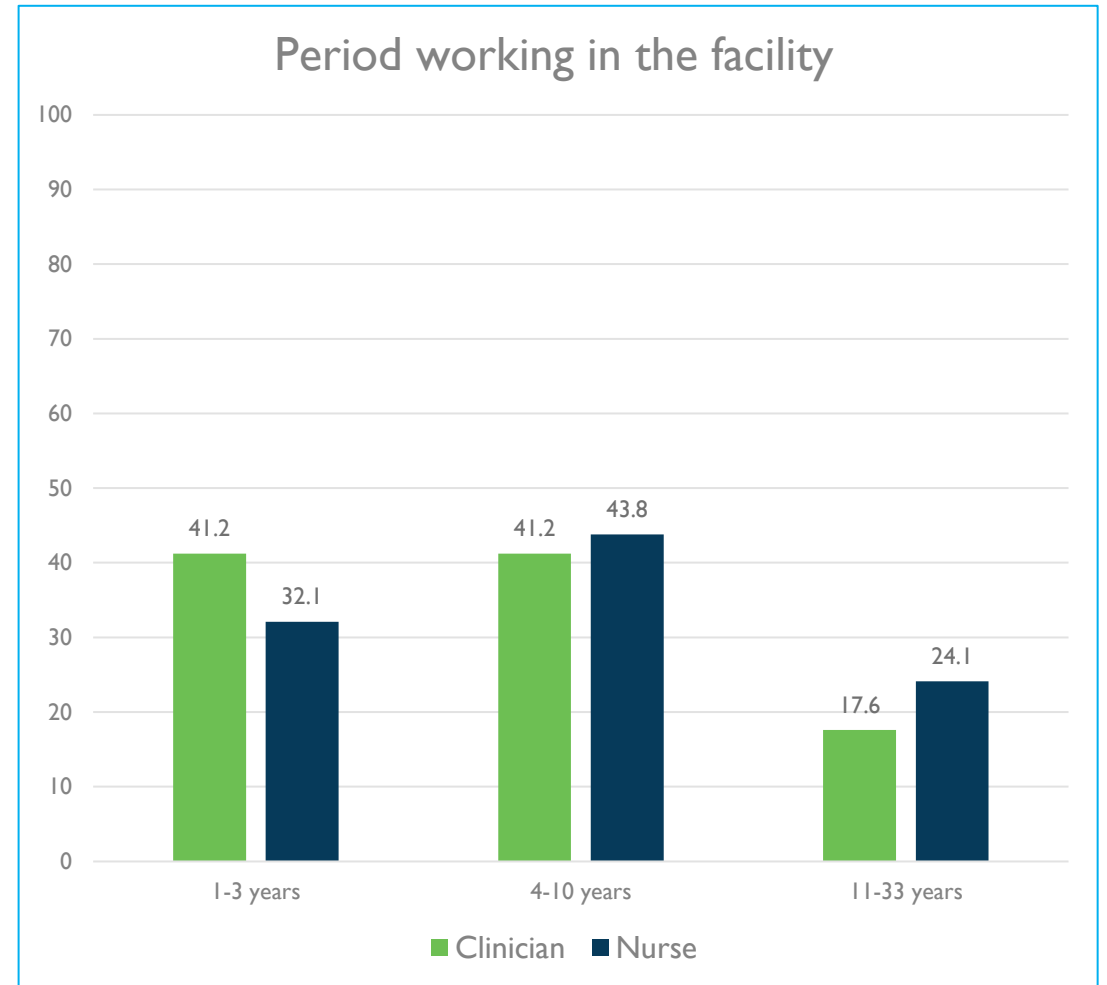
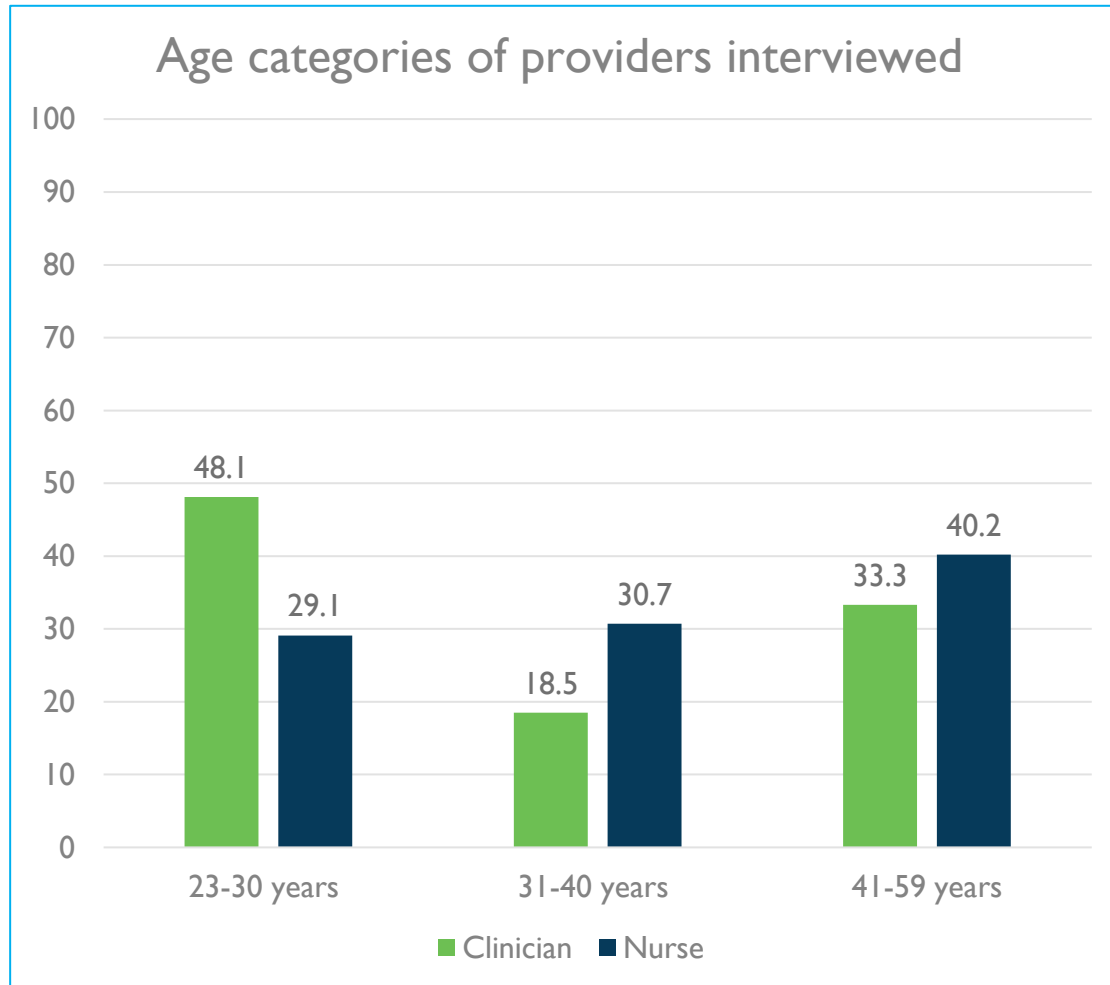
Gender of providers



Department



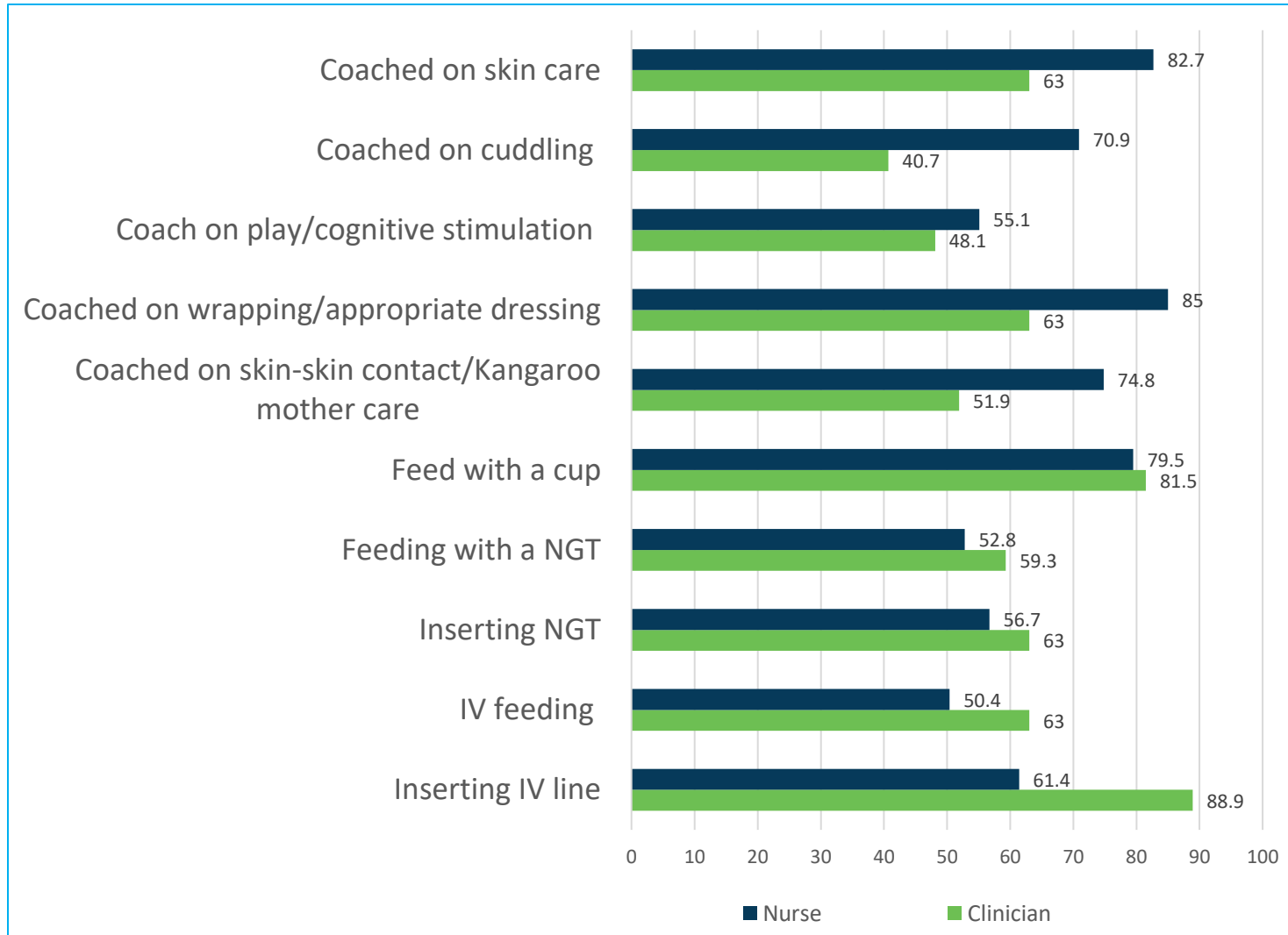
Characteristics of providers



Training received in the last 12 months

% trained in the following areas	Clinician N=27	Nurse N=127	Total N=154	P values
Newborn resuscitation	48.1	44.9	45.5	0.757
Basic care of the newborn	29.6	35.4	34.4	0.564
Kangaroo mother care	37.0	27.6	29.2	0.325
Special care of the newborn (sick)	37.0	26.8	28.6	0.284
Emergency triage assessment and treatment	44.4	22.8	26.6	0.066
Orientation on COVID 19 guidelines	22.2	22	22.1	0.984
Integrated management of childhood illness	33.3	13.4	16.9	0.012
Targeted postpartum care for the mother	11.1	12.6	12.3	0.831
Medical management of children living with HIV/AIDS	18.5	8.7	10.4	0.127
Nurturing care	11.1	8.7	9.1	0.688
Child cognitive development	3.7	6.3	5.8	0.780

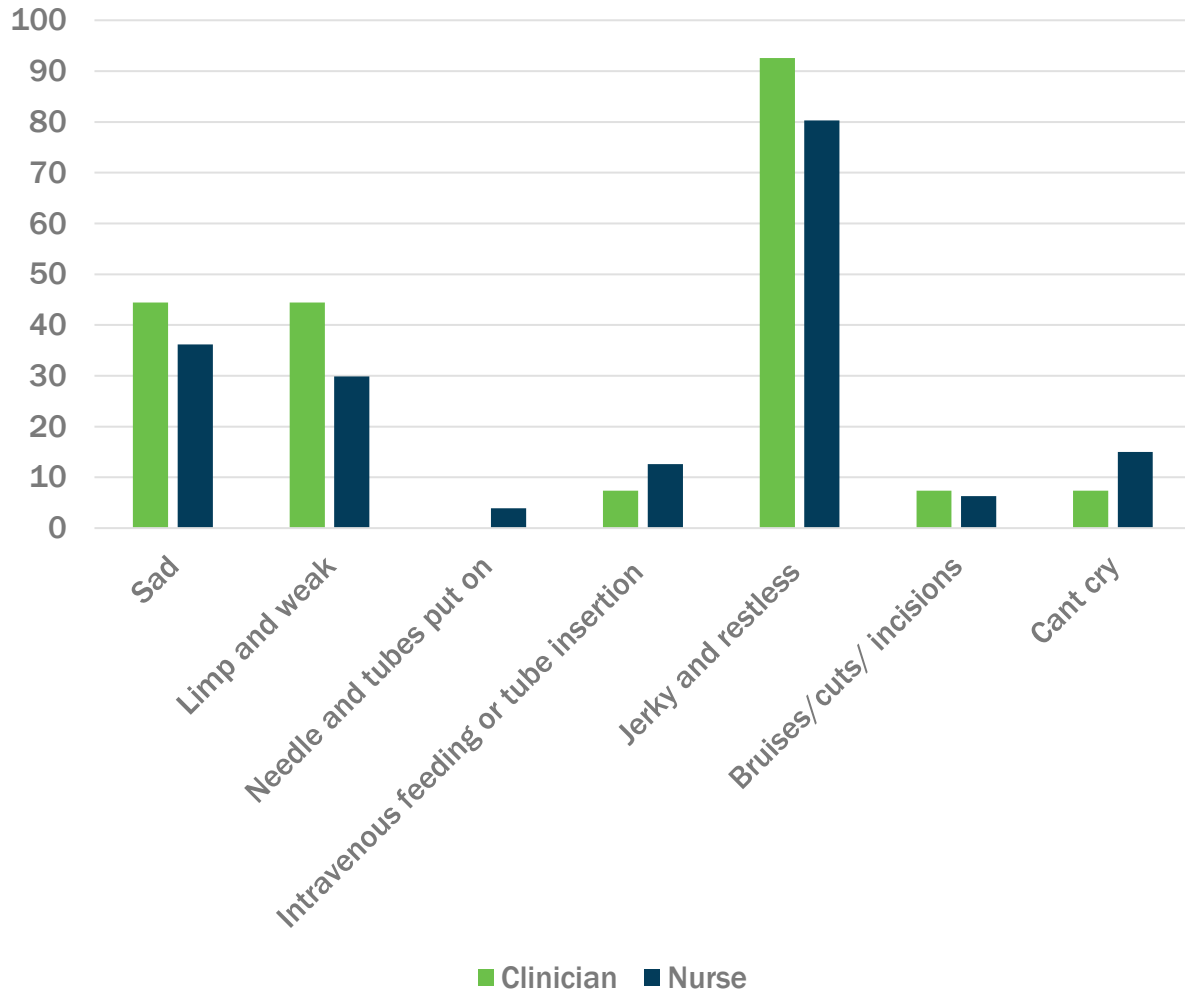
Procedures performed by providers in the last 3 months



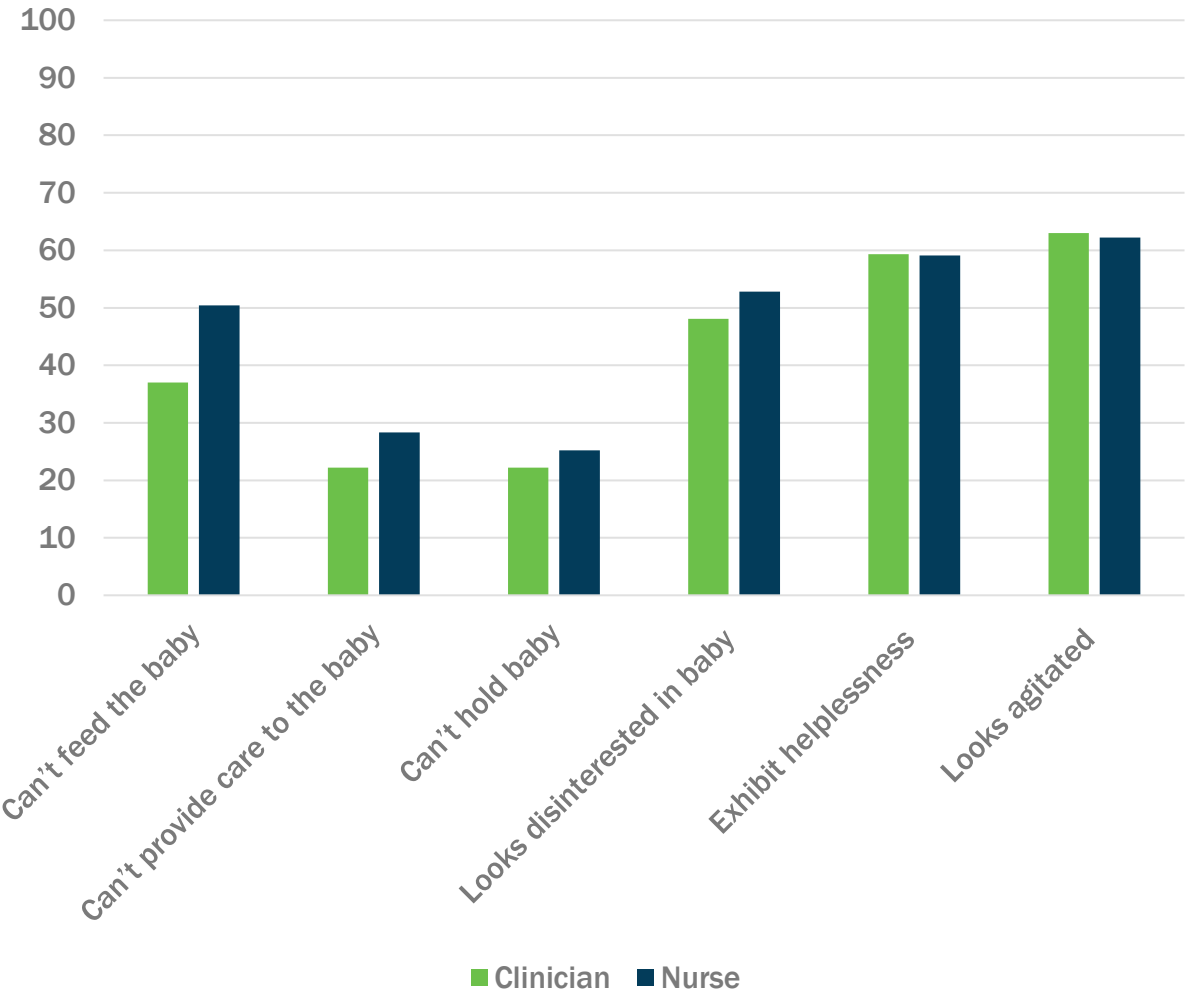
- **48% of doctors/clinical officers and 55% of nurses have coached parents on play/cognitive stimulation**
- **74% of nurses have coached parents on skin to skin care/Kangaroo mother care**
- **Of the nurses, who indicated they have performed coaching over 95% felt comfortable conducting those tasks**

Knowledge and Experience on Nurturing care Elements

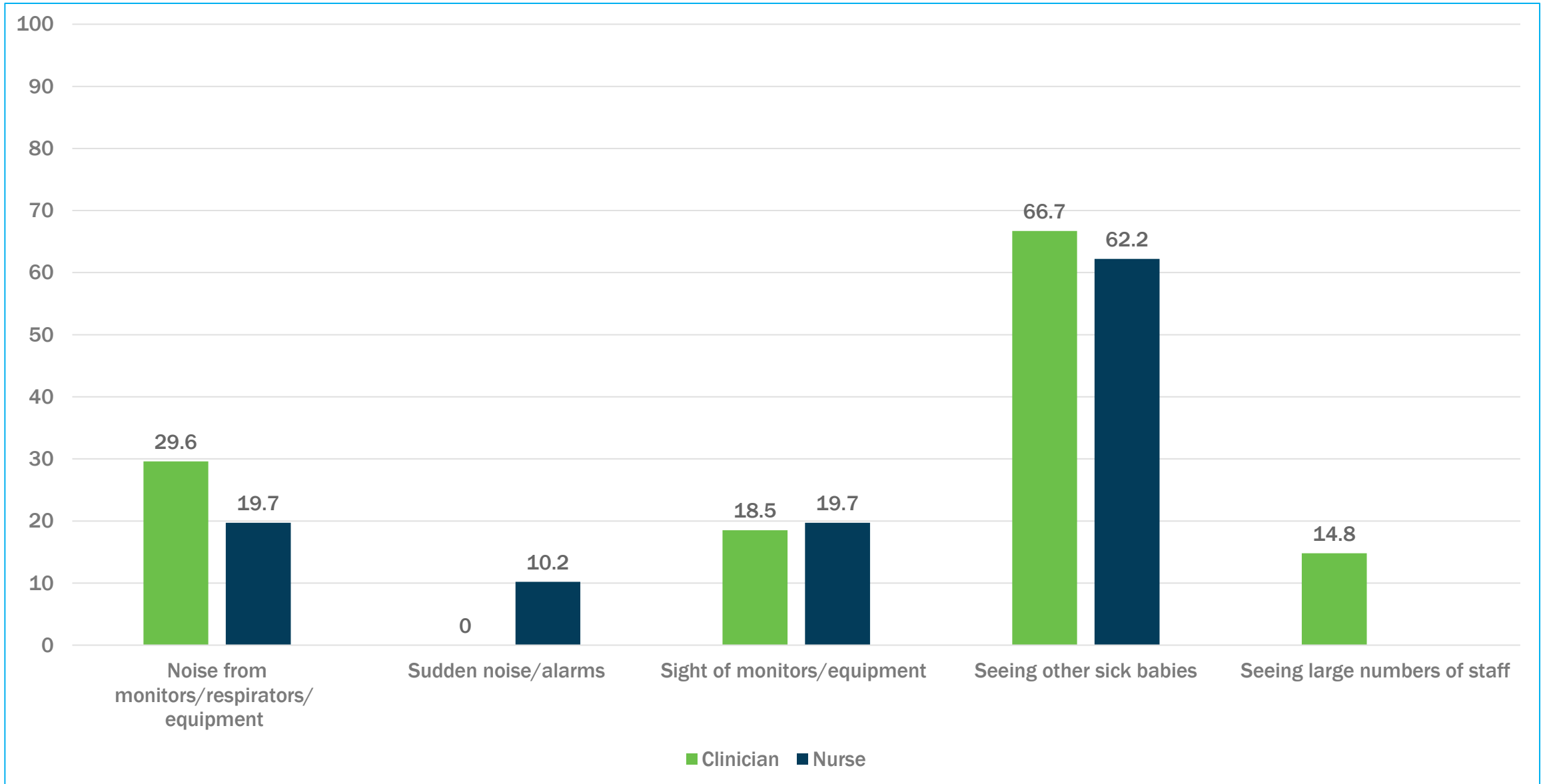
Knowledge of pain in babies



Knowledge of stress among parents



What overwhelms parents in wards

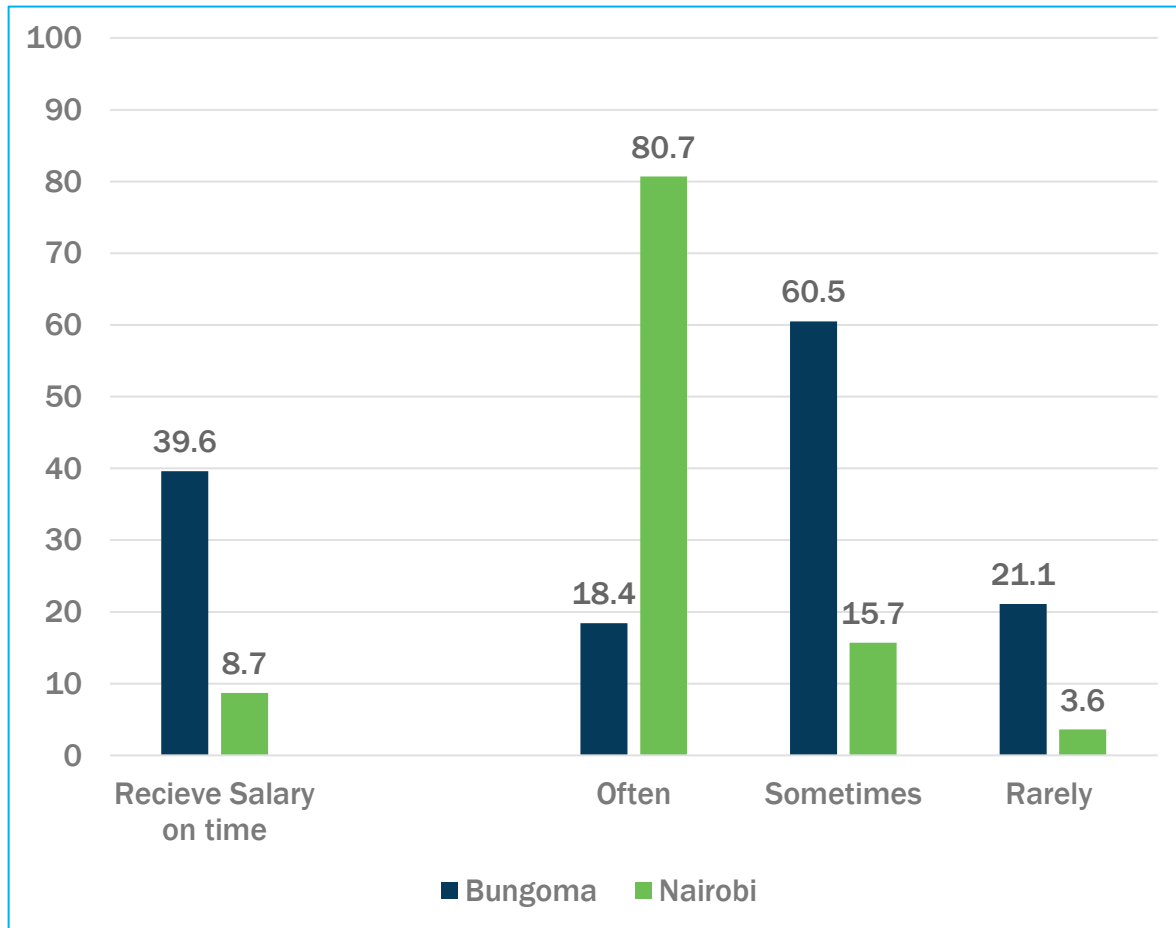


Nurturing care components

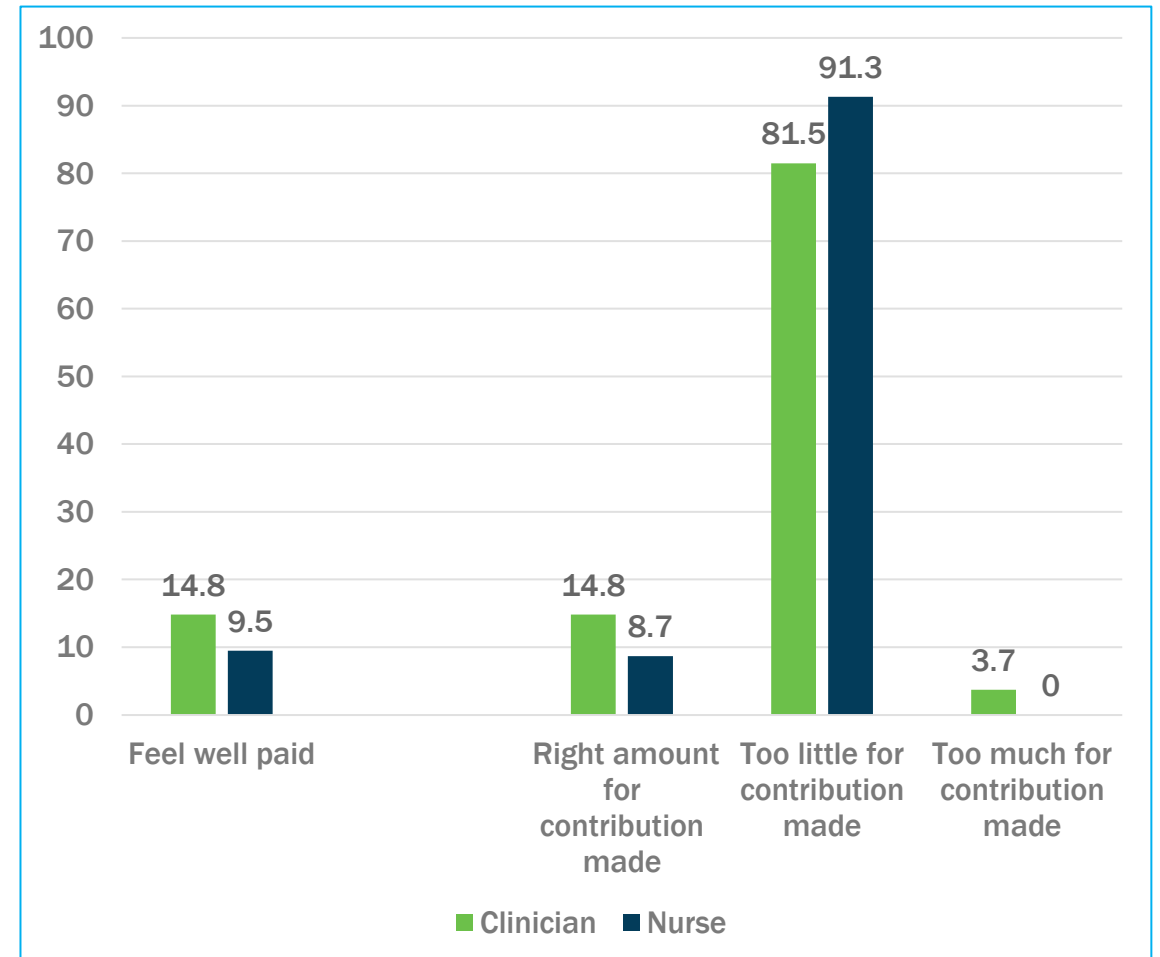
Scores of Nurturing care components	Clinicians	Nurse	Total scores	P value
Pain in children (0-6) (SD)	2.0(1.1)	1.8(1.2)	1.9(1.2)	0.448
Parental stress (0-5) (SD)	2.8(1.1)	2.7 (1.5)	2.7(1.5)	0.399
Environmental stressors to parents (0-6) (SD)	1.3(0.9)	1.4 (1.1)	1.4(1.1)	0.746
Ensure adequate feeding 0-28 days (0-17) (SD)	4.2 (2.2)	5.7 (2.6)	5.46 (2.5)	0.009
Ensure adequate feeding 29 days -2 years (0-21) (SD)	4.7 (2.3)	4.9 (2.3)	4.9 (2.3)	0.686
Safeguarding sleep 0-28 days (0-12) (SD)	3.1 (1.6)	4.1(1.9)	3.9 (1.9)	0.216
Safeguarding sleep 29-2 years (0-12) (SD)	4.1 (2.2)	4.2 (2.2)	4.1 (2.2)	0.838
Positioning and handling 0-28 days (0-11) (SD)	3.4 (2.0)	3.6 (2.1)	3.6 (2.2)	0.573
Positioning and handling 29 days- 2 years (0-11) (SD)	3.3 (2.4)	3.4 (2.5)	3.4 (2.5)	0.851
Protecting skin 0-28 days (0-11) (SD)	3.8 (1.8)	4.6 (2.2)	4.5 (2.2)	0.061
Protecting skin 29 days 2 years (0-11) (SD)	3.2 (1.5)	3.9 (1.9)	3.8 (1.8)	0.087

Motivation of providers

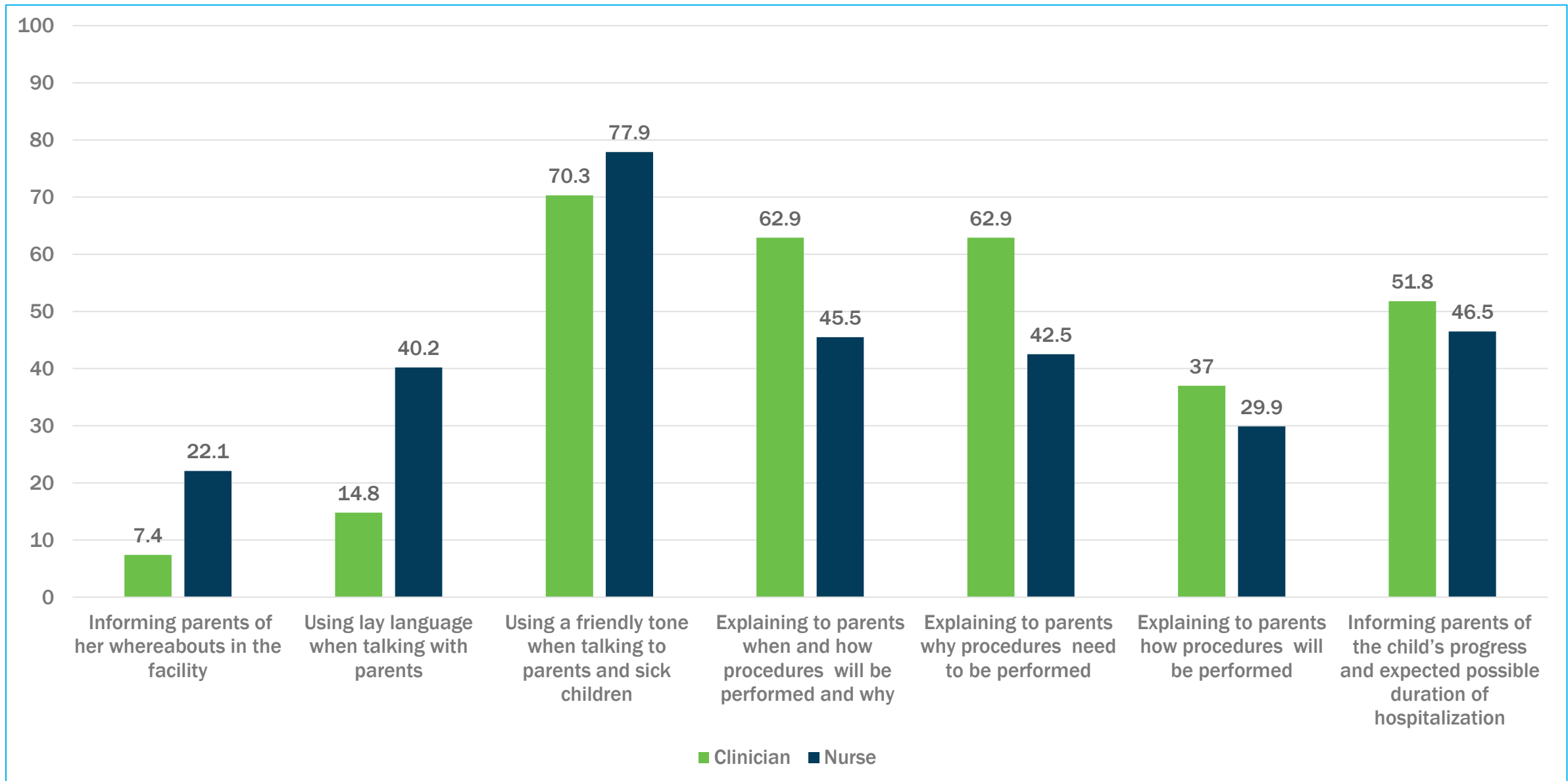
Receipt of salary & frequency of Lateness



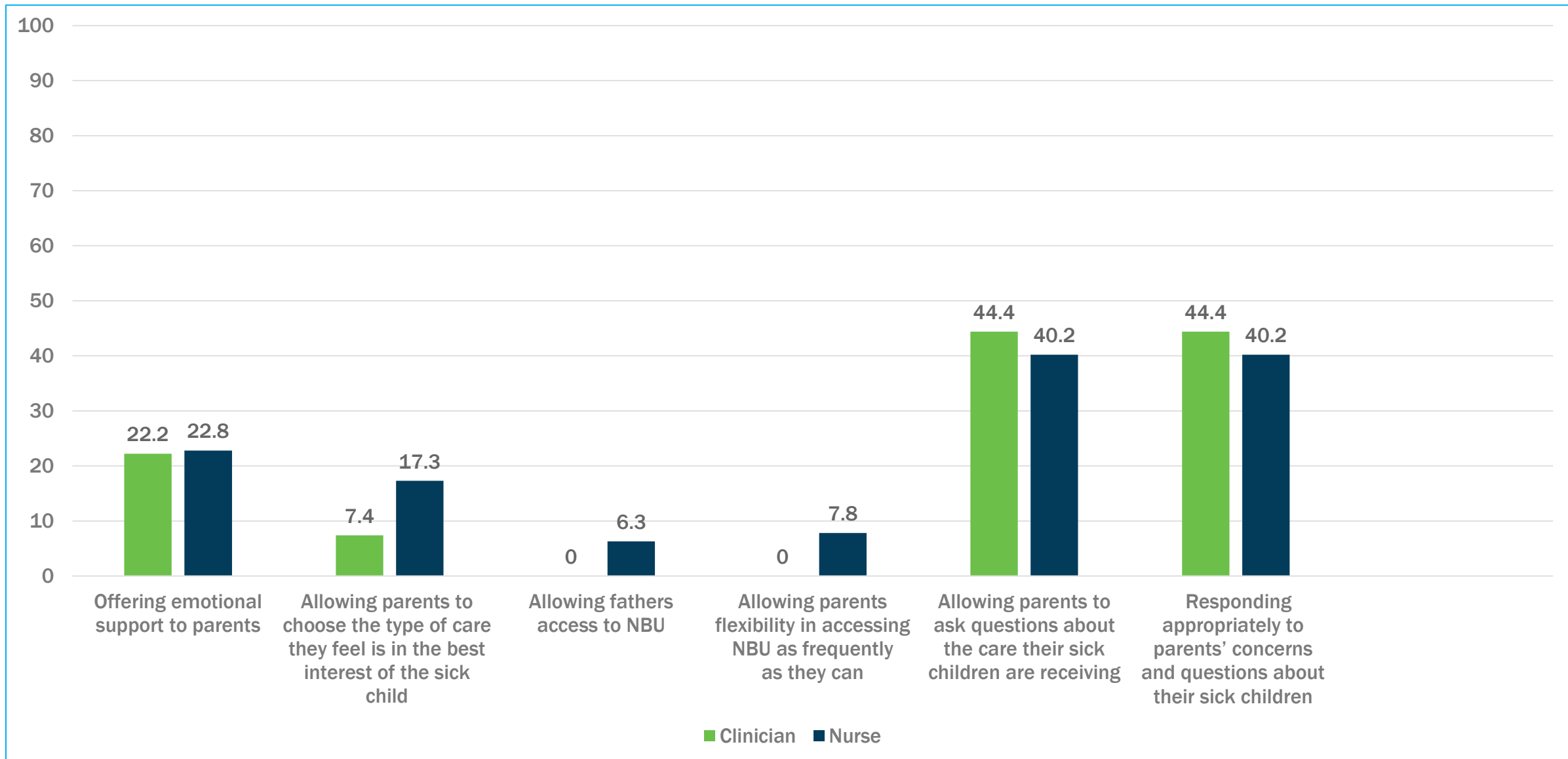
Perception of payment received



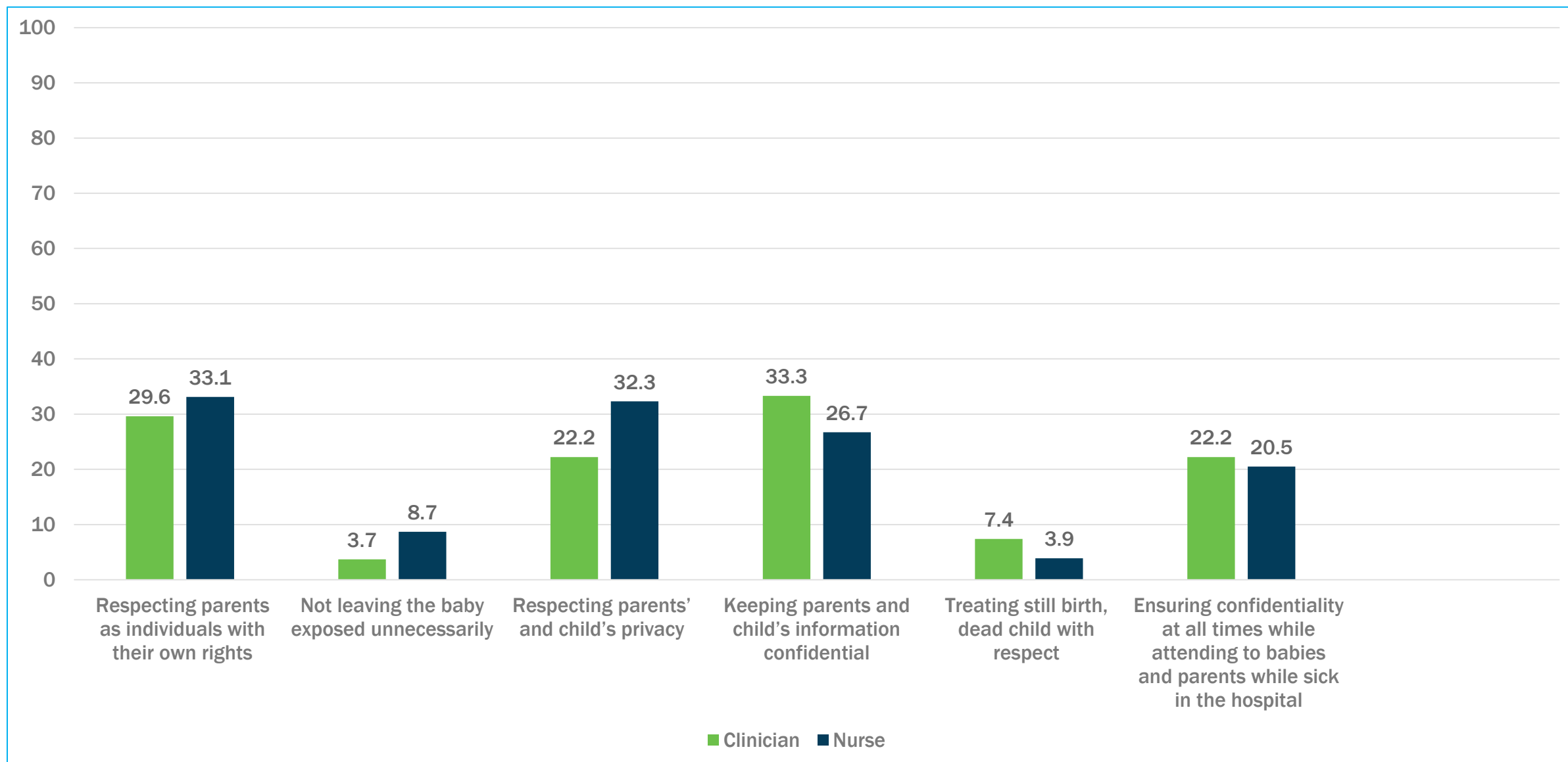
Mutual interactions: Communication



Mutual interactions: Support and engaging parents



Mutual Interactions: Respect and confidentiality



Summary of key findings

- Very few (9%) of clinicians and nurses have received training on nurturing care
- Providers reported coaching parents on some elements of nurturing care in the last 3 months however they also scored low on knowledge of nurturing care components
- Limited awareness of harsh or stressful environments in the wards that may overwhelm parents and children
- Variability among providers on communication with parents on procedures
- Limited knowledge and awareness on how to meaningfully engage with parents in the care of their sick child and respect a child's rights
- Providers are working in challenging environments (late and inadequate pay)

Implications

- Emphasize on the “healing environment” for parents and children as part of **nurturing care**
 - Quiet environment
 - Partnering with parents
 - Providing emotional support
 - How to deal with stress for providers
- Increase awareness and knowledge on “the communication charter” and “respect and confidentiality” to help foster positive interactions between providers and parents
- Work with the existing structures e.g., QITs for a supporting environment for providers to implement nurturing care

THANK YOU

tabuya@popcouncil.org; cndwiga@popcouncil.org;
cokondo@popcouncil.org



BreakthroughAR



@Breakthrough_AR



Breakthrough_AR

<https://breakthroughactionandresearch.org/>

Breakthrough RESEARCH catalyzes social and behavior change (SBC) by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.

Breakthrough RESEARCH is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-17-00018 . The contents of this document are the sole responsibility of the Breakthrough RESEARCH and Population Council and do not necessarily reflect the views of USAID or the United States Government.

